



Tel: 1-800-841-3000

**Coverage Selections Page**

This is a description of your coverage.  
Please retain for your records.

**GEICO GENERAL INSURANCE COMPANY**  
One GEICO Boulevard  
Fredericksburg, VA 22412-0003

Date Issued: November 18, 2018

**Policy Number: 4420-77-36-83****Coverage Period:**

01-03-19 through 01-03-20

12:01 a.m. local time at the address of the named insured.

**Item 1:**

ANDREW DAVID GREENHUT  
21 KINGSTON ST  
SOMERVILLE MA 02144-2713

Email Address: agsax2002@gmail.com

<u>Insured</u>	<u>Additional Drivers</u>		
Vehicles	VIN	Vehicle Location	Finance Company/ Lienholder
1 2001 Linc LS	1LNHM87A41Y705810	Somerville MA 02144	
2 2015 Honda Odyssey EX	5FNRL5H61FB010552	Somerville MA 02144	Rtn Fcu

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Optional Bi To Others (Part 5)	\$100,000 Per Person/ \$300,000 Per Accident	\$209.00	-
Personal Injury Protection (Part 2)	\$8,000 Each Person Non Deductible	\$51.85	-
Bi Caused By Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$100,000 Per Person/ \$300,000 Per Accident	\$16.00	-
Damage To Another's Property (Part 4) (Compulsory Limit \$5,000)	\$100,000 Per Accident	\$188.00	-
Collision (Part 7)	*Actual Cash Value \$500 Ded. *Actual Cash Value \$1,000 Ded.	\$183.00	\$104.00
Comprehensive (Part 9)	*Actual Cash Value \$500 Ded Non Ded Glass *Actual Cash Value \$1,000 Ded Non Ded Glass	\$92.00	\$69.00
Rental Reimbursement/ Substitute Transportation (Part 10)	\$30 A Day For A Max Of 30 Days	\$32.00	-

Coverages\*Limits and/or DeductiblesVehicle 1Vehicle 2

Bi Caused By Underinsured Auto(Part 12)	\$100,000 Per Person/ \$300,000 Per Accident	\$27.00	-
Emergency Road Service	Full	\$15.00	-
<b>Twelve Month Premium Per Vehicle</b>		<b>\$813.85</b>	<b>\$173.00</b>
<b>Total Twelve Month Premium</b>			<b>\$986.85</b>
<b>Total Twelve Month Premium With Paid in Full Discount</b>			<b>\$937.80</b>

\*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts

<b>The total value of your discounts is</b>	<b>\$334.35</b>
Multi-Car (All Vehicles) .....	\$161.25
Anti-Theft Device (All Vehicles) .....	\$17.00
Excellent Driver Plus (All Vehicles) .....	\$156.10

**Contract Type:** FAMILY

**Contract Amendments:** ALL VEHICLES - A30MA(11-14) A54MAC(02-18) A54MAPVS(07-15) A54MARS(08-16)

**Unit Endorsements:** UE316D (05-09)(VEH 2)

Countersigned by Authorized Representative


**Important Policy Information**

- Please review the front and/or back of this page for your coverage and discount information.
- Active Duty, Guard, Reserve or Retired Military: Call 1-800-MILITARY to see if you qualify for the Military Discount.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA, however, in Virginia coverage is limited for custom furnishings or equipment on pick-up trucks and vans but you may purchase coverage for this equipment. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.
- If you choose to pay your premium in full by the effective date of your policy, your vehicle premiums will be the Paid in Full Premium listed.

### Important Policy Information

- Claims incurred while an insured vehicle is being used to carry passengers for hire may not be covered by this contract. Please review the contract for a full list of exclusions and contact us if you plan to use any of your insured vehicles for this purpose.
- Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.
- You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading, or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any and all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and checked the completeness of their previous driving records. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.
- Confirmation of coverage has been sent to your lienholder and/or additional insured.

